APPLICANTS WAIVER OF CLAIM AND INDEMNITY AGREEMENT FOR USE OF COUNTY CAMP GROUNDS

For and in consideration of the County's providing the use of the above-mentioned building, facility, or grounds, I, the undersigned, individually, jointly and in any representative or legal capacity, on behalf of my respective self, heirs, executors and/or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the COUNTY OF KAUAI, its officers, employees and agents, individually and in their official capacity, from all liability of loss of the above-described County building, facility, or grounds. I further avow that my aforesaid waiver, release, discharge and agreement shall be applicable to any guest or participant in any program or event conducted or held by the Applicant at the above-described building, facility, or grounds.

		PRINT	NAME	OF	APPI	LICANT		SIGNATURE	OF	APPLICANT
WITNESSED	BY:									
		COUNT	Y PRO(CESS	 SING	PERSO:	NNEL	DATE		